

L14000000205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

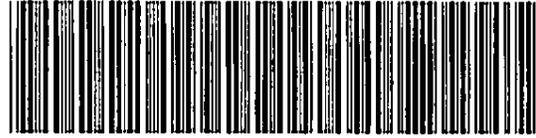
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THEJAMPE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN E ARANGO

Name of Person

Firm/Company

5111 Adair Oak Drive

Address

ORLANDO, FL 32829

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

For further information concerning this matter, please call:

JUAN E ARANGO

407

748-5558

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)



Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JUAN E ARANGO F	5111 Adair Oak Drive	<input type="checkbox"/> Add
		ORLANDO, FL 32829	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANA M MESA SALDARRIAGA	5111 Adair Oak Drive	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32829	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUAN E ARANGO FERNANDEZ	5111 Adair Oak Drive	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32829	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER 9, 2022

JUAN EST. ARANGO F.

Signature of a member or authorized representative of a member

JUAN ARANGO F

Typed or printed name of signee